

MAY 15 2006

Atty Docket No. 089992-000000US

PTO FAX NO.: (571) 273-8300

ATTENTION: Examiner: DIACOU, ARI M.

Group Art Unit 3663

OFFICIAL COMMUNICATION
MAIL STOP AMENDMENT**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following documents in re Application of SHIGERU NAKAGAWA et al., Application No. 10/713,777, filed November 13, 2003 for OPTICAL MODULE AND OPTICAL COMMUNICATION SYSTEM are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

- 1) Transmittal Form (1 p);
- 2) Petition for Extension of Time (1 p in duplicate);
- 3) Fee Transmittal (1 p in duplicate);
- 4) Amendment (5 pp); and
- 5) Terminal Disclaimer (1 p).

Number of pages being transmitted, including this page: 12

Dated: May 15, 2006


Diane Hawley**PLEASE CONFIRM RECEIPT OF THIS PAPER BY
RETURN FACSIMILE AT (650) 326-2422**

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0399

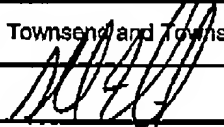
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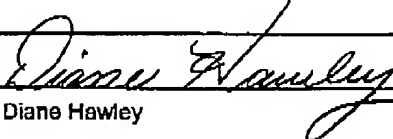
MAY 15 2006

PTO/35/21 (09-04)

| | | |
|---|------------------------|-------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/713,777 |
| | Filing Date | November 13, 2003 |
| | First Named Inventor | Nakagawa, Shigeru |
| | Art Unit | 3663 |
| | Examiner Name | DIACOU, ARI M. |
| Total Number of Pages in This Submission | Attorney Docket Number | 089992-000000US |

| ENCLOSURES (Check all that apply) | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | Townsend and Townsend and Crew LLP | | |
| Signature |  | | |
| Printed name | Ardeshir Tabibi | | |
| Date | May 12, 2006 | Reg. No. | 48,750 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|--|---|------|--------------|
| I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (571) 273-8300 on May 15, 2006. | | | |
| Signature |  | | |
| Typed or printed name | Diane Hawley | Date | May 15, 2006 |

60769311 v1

PTO/SB/17 (01-08)

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$130)

Complete if Known

| | |
|----------------------|-------------------|
| Application Number | 10/713,777 |
| Filing Date | November 13, 2003 |
| First Named Inventor | Nakagawa, Shigeru |
| Examiner Name | DIACOU, ARI M. |
| Art Unit | 3663 |
| Attorney Docket No. | 089992-000000US |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES Small Entity | | SEARCH FEES Small Entity | | EXAMINATION FEES Small Entity | | Fees Paid (\$) |
|------------------|-----------------------------|----------|-----------------------------|----------|----------------------------------|----------|----------------|
| | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

50 25

Multiple dependent claims

200 100

360 180

Total Claims Extra Claims Fee (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

-20 or HP = X =

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$)

-3 or HP = X =

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).

| | | | | |
|--------------|--------------|--|----------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| - 100 = | / 50 = | (round up to a whole number) X | | |

4. OTHER FEE(S)

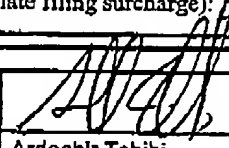
Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Terminal Disclaimer

130

SUBMITTED BY

| | | | | | |
|-------------------|---|-----------------------------------|--------|-----------|--------------|
| Signature |  | Registration No. (Attorney/Agent) | 48,750 | Telephone | 650-326-2400 |
| Name (Print/Type) | Ardeshtir Tabibi | | | Date | 5/18/06 |

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